

Attorney's Docket No. 3226-01

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

<input checked="" type="checkbox"/> original	<input type="checkbox"/> design	<input type="checkbox"/> supplemental
<input type="checkbox"/> divisional	<input type="checkbox"/> continuation	<input type="checkbox"/> continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Diesel Lubricant Low in Sulfur and Phosphorus

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), or (b)*)

(a) is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) was filed on 20 April 2004 as as *International Application No. PCT/US2004/012169* for which the U.S. is elected under 35 U.S.C. 371..

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

PRIORITY CLAIM

PCT/US2004/012169 filed 20 April 2004 (per 35 USC 119(a)-(d) and 365 (a) and (b)) and U.S. Provisional Application No. 60/465,072 filed 24 April 2003 (per 35 USC 119(e)).

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number.*)

Teresan W. Gilbert, 31,360
 Michael F. Esposito, 29,506
 Samuel B. Laferty, 31,537
 Joe A. Powell, 28,108

David M. Shold, 31,664
 Jason S. Fokens, 56,188
 Thoburn T. Dunlap, 31,246
 Neil A. DuChez, 26,725

SEND CORRESPONDENCE TO
THE LUBRIZOL CORPORATION
 Patent Administrator - Mail Drop 022B
 29400 Lakeland Boulevard
 Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
 David M. Shold
 (440) 347-1601
 E-mail: dmso@lubrizol.com

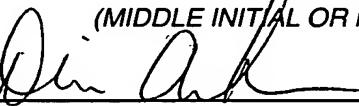
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Diane M. Artman

<u>Diane</u> <i>(GIVEN NAME)</i>	<u>M.</u> <i>(MIDDLE INITIAL OR NAME)</i>	<u>Artman</u> <i>FAMILY (OR LAST NAME)</i>
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Inventor's signature  Date 10-22-05

Country of Citizenship United States of America

Residence Westlake, Ohio 44145, U.S.A.

Post Office Address 29716 Hilliard Oak Lane, Westlake, Ohio 44145, U.S.A.

Full name of second joint inventor, if any William D. Abraham

<u>William</u> <i>(GIVEN NAME)</i>	<u>D.</u> <i>(MIDDLE INITIAL OR NAME)</i>	<u>Abraham</u> <i>FAMILY (OR LAST NAME)</i>
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Inventor's signature _____ Date _____

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SIGNATURE(S)

Full name of sole or first inventor Diane M. Artman
 Diane _____ M. _____ Artman _____
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____ Date _____

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Full name of second joint inventor, if any William D. Abraham

William _____ D. _____ Abraham _____
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature Will D. Abraham Date 10/21/05

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Full name of third joint inventor, if any Virginia A. Carrick

<u>Virginia</u> (GIVEN NAME)	<u>A.</u> (MIDDLE INITIAL OR NAME)	<u>Carrick</u> FAMILY (OR LAST NAME)
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Inventor's signature Virginia A. Carrick Date 10/18/05

Country of Citizenship United States of America

Residence Chardon, Ohio 44022

Post Office Address 29400 Lakeland Boulevard, Wickliffe, Ohio 44092-2298, U.S.A.

Full name of fourth joint inventor, if any Jonathan S. Vilardo

<u>Jonathan</u> (GIVEN NAME)	<u>S.</u> (MIDDLE INITIAL OR NAME)	<u>Vilardo</u> FAMILY (OR LAST NAME)
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Inventor's signature J.S.V. Date 10/21/05

Country of Citizenship United States of America

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